

Fax Referrals to: 519-432-9529

Today's Date: _____
 Patient's Name: _____ M/F/U
 Healthcard #: _____ DOB: _____
 Address: _____
 City: _____ Postal Code: _____
 Home Phone: _____ Cell Phone: _____
 Email (if available): _____

Referring Physician Name: _____
 Referring Physician Billing #: _____
 Referring Physician Signature: _____
 Clinic Address: _____
 Phone #: _____
 Fax #: _____

Cardiology Fax: 519-473-2666

- URGENT consultations
- Consultation
- Consultation & Stress Test
- Echocardiogram Only
- Holter Only
- ECG Only
- Ambulatory Blood Pressure Monitoring (\$80 fee associated)

Plastic Surgery

- Biopsy Clinic (size, location, diff dx req)
- Biopsy Confirmed Skin Cancer
- Cosmetic Skin Surgery- skin tags, cyst removal, seborrheic keratosis (Fee)

PDT (Photodynamic Therapy) - FEE

- Actinic damage or superficial skin cancer

Pediatrics

- Urgent Pediatric Consultation
- Well Baby Checks

MSK Clinic

- PRP (\$600 fee)
- Hyaluronic Acid Injections (\$500+ fee)
- nSTRIDE (\$1500 fee)
- Custom Bracing

Gynecology

- Endometrial Biopsies
- IUDs/Contraception Advice
- Barth Cysts
- Irregular Bleeding
- Other: _____

Gastroenterology

Urology

- BPH
- Incontinence/Overactive Bladder
- Erectile dysfunction
- Urolithiasis
- Other: _____

Internal Medicine, Lifestyle Medicine

- Consultation
- Cancer Survivorship Program

Other Services

- Ergonomic Assessment/Services (workplace or home assessment – desks, chairs etc.)
- Physiotherapy
- Registered Dietician
- Registered Kinesiologist
- Custom Orthotics/Footcare/Stockings
- Botox/Filler and other cosmetic services

Please provide all relevant details below and attach any results to the referral